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**APPLICANTS**

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David John Ball, Chicago Ridge, IL;\*\* CONTINUING DATA \*\*\*\*\* *None TN*\*\* FOREIGN APPLICATIONS \*\*\*\*\* *None TN***IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

\*\* 10/18/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	IL	5	21	4
Verified and Acknowledged	<i>Dale L. Genger</i> <i>TN</i> Examiner's Signature Initials				

**ADDRESS**

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**TITLE**

Axial Compression Tool and method of use

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees  <input type="checkbox"/> 1.16 Fees ( Filing )  <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )  <input type="checkbox"/> 1.18 Fees ( Issue )
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